

FILED DEC 31 1957

## STANDARD CERTIFICATE OF DEATH

State File No. **45178**  
160

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>245</b>  |  | PRIMARY REG. DIST. NO. <b>3047</b>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b><br>c. LENGTH OF STAY (in this place) <b>3 Days</b><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b> |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b><br>c. CITY OR TOWN <b>Newtonia</b><br>d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <b>Gen, Del,</b> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Odessa.</b><br>b. (Middle) <b>M.</b><br>c. (Last) <b>Breuil</b>  |  | 4. DATE OF DEATH<br>(Month) <b>Nov</b> (Day) <b>30</b> (Year) <b>1957</b>  |  | 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>April 23, 1895</b>   |  | 9. AGE (in years last birthday) <b>62</b>  |  | 10. IF UNDER 1 YEAR: Months <b>7</b> Days <b>7</b> Hours <b>7</b> Min. <b>7</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Newton County</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                      |  |
| 13a. FATHER'S NAME <b>Charles Schmale</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Sophia Rose</b>   |  | 14. NAME OF HUSBAND OR WIFE _____  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frank Waggoner</b> ADDRESS <b>Neosho, MO.</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Fractured Ribs with</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Kenothorax - Fractured</b><br>DUE TO (c) <b>Pelvis - Fractured</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Rt Ankle -</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) <b>073</b> (COUNTY) <b>073</b> (STATE) _____  |  |   |  |
| 21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <b>Hit By Car On Highway</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>19</b> to <b>Nov 29</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Nov 29</b> , 19 <b>57</b> and that death occurred at <b>2:30A.M.</b> from the causes and on the date stated above.         |  |  |  |  |  | 23a. SIGNATURE <b>McCart</b> (Degree or title) _____                            |  |
| 23b. ADDRESS <b>Neosho Mo.</b>   |  | 23c. DATE SIGNED <b>Dec 17</b>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  |   |  |
| 24b. DATE <b>12-3-1957</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Newtonia, Missouri</b>  |  |   |  |
| DATE REC'D BY LOCAL REG. <b>12-23-1957</b>   |  | REGISTRAR'S SIGNATURE <b>Melvin C. Bowman M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b> ADDRESS <b>Neosho, Mo.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. *Newton*

District File Number *1257-307*

Date Filed *DEC 27 1957*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Fred L. Clark*, Student Embalmer No. *556* working under my personal supervision..

Student *Fred L. Clark*  
Signature of Student Embalmer

Signed *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.